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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

THIS APPLICATION IS A CIP OF 09/457,771 12/09/1999  
WHICH IS A CON OF 09/104,088 06/24/1998 ABN  
WHICH IS A CIP OF 08/926,297 09/05/1997 ABN  
WHICH IS A CON OF 08/725,842 09/30/1996 ABN  
WHICH IS A CON OF 08/138,271 10/15/1993 ABN  
AND A CIP OF 09/368,855 08/05/1999 PAT 6,359,014  
WHICH IS A CON OF 08/889,342 07/08/1997 PAT 5,990,241  
WHICH IS A CON OF 08/657,161 06/03/1996 PAT 5,691,387  
WHICH IS A DIV OF 08/087,136 07/02/1993 PAT 5,523,492  
WHICH IS A CON OF 07/847,874 03/13/1992 ABN  
WHICH IS A CIP OF 07/673,289 03/19/1991 ABN

RS

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

None RS

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
\*\* 08/29/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY GA	SHEETS DRAWING 5	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

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## TITLE

Therapeutic delivery compositions and methods of use thereof

<b>FILING FEE</b>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of

<p><b>RECEIVED</b> 435</p>	<p>No. _____ for following:</p>	<p>(time )</p> <p><input type="checkbox"/> 1.18 Fees ( Issue )</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Credit</p>
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